

Essay
on
Scarlatina.

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by
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Scarlatina.

The three eruptive fevers, Scarlet Fever, Small Pox, and Measles possess many features in common. They all have a period of incubation during which time the poison is imperceptibly developing itself in the system. They are all characterized by a fever of more or less intensity, which is sooner or later accompanied by an eruption. The eruption presents a distinct appearance in each disease and fur-

sure its own peculiar course until it disappears, and with it generally the fever disappears also.

Under Old School treatment they are alike liable to be followed by serious consequences, which are seldom excusable in a Physician making use of Homoeopathic remedies. They are all contagious principally confined to childhood, and they rarely attack the same individual a second time. The origin of each is alike unknown, and the action of their poisons may many times be modified and even completely uprooted by the prophylactic powers of certain remedies.

The one the most dangerous to the patient, and fraught with

the most serious results to the human system, and the one to be treated in this article is Scarlet Fever, also known as Scarlatina. This affection was not recognized as a distinct disease until near the beginning of the seventeenth century, but it is supposed to have existed long before this, and to have been confounded with Measles. Owing to the different course that this disease may take, and owing to the poison sometimes more severely attacking one part of the body and sometimes another part, it has been classified into several distinct varieties, but all these varieties are caused by the same contagious poison, and consti-

tute one and the same disease. All the varieties may be present in a single case, or one variety may be caught by one person from another variety in another person. Like it is in all diseases, as one system is more susceptible to the action of a poison than another system so also is one part of the body more susceptible to such poison than another part.

This disease may make its appearance in either children or adults, and the general characteristic symptoms are burning heat and dryness of the skin, very frequent pulse, sore throat, and scarlet eruption with very red tongue. Vomiting, also, often occurs near the beginning of the

sickness, as well as cerebral symptoms.

The eruption generally appears on the second day of the illness. It comes out all over the body, but may be soonest be discovered on the neck and breast. The skin at first presents a red blush, and the removal of the finger after pressure leaves a white spot, which immediately ~~reddens~~ again. By the third day and sometime before, the eruption becomes more uneven and of a more distinct scarlet hue in some parts of the body than in others. Often there ^{are} seen elevated rough spots of a darker color and sometimes vesicular containing a thin fluid. In the more severe forms of this affection, the

eruption does not make its appearance until late in the disease, which is considered as an unfavorable symptom, as the skin may be regarded as a vent through which the poison may make its escape from the system. When the eruption appears late, the throat is apt to be more severely affected. In some instances the eruption is wholly wanting. After the fourth or fifth day the eruption begins to disappear, and on the eighth the cuticle begins to rise in flakes.

Another symptom which comes early in the illness, and so constant that it may be regarded as a part of the disease is the sore throat. At first there is

generally inflammation and swelling of the tonsils, and pharynx, accompanied by pain together with stiffness of the neck. Soon irritating discharges occur from the inflamed parts and ulceration is observed in the fauces as well as enlargement of the glands at the angle of the lower jaw.

Though the leading symptoms which give name to the disease may be alike in different cases, yet it is very seldom that two cases are found alike in every particular, or which call for the administration of the same remedy throughout their treatment. Each preserves its own identity and calls for its own curative remedy.

And not only may one case of Scarlet Fever differ widely from another case, but very great differences are also observable in the general character of different epidemics. Moreover the surrounding atmosphere, the diet, and the general habits of the patient have a powerful influence upon the system itself and consequently upon the disease under which it is laboring. Hence the impropriety of recommending the same remedy in all cases of this disease regardless of the symptoms, or of ridiculing another treatment in any particular case, in reliance upon our own experience in different cases.

I have witnessed cases of

Scarlatina in two different epidemics which occurred at different times and in different places, one at Augusta Maine, the other in Pennsylvania; and not only was there a marked difference between the general character of the two epidemics, but the individual cases differed as widely as the position and atmosphere of the localities in which they occurred.

Augusta is a country city of about ten thousand inhabitants situated on either side of the Kennebec river about seventy miles from its mouth. Its location, which is truly characteristic of many portions of the state, is very hilly, almost mountainous

Some portions of it tower several hundred feet above the level of the river, which to a lover of nature and of the beautiful, lend so much to the effort given to ascend those heights. As one stands upon one of these summits, his eye can reach for miles in extent, resting upon country scenery of hill and vale, field and forest, interspersed with dwellings, towns and villages, until the blue horizon only measures the eye's reach and sight is lost in the unlimited vastness of space.

From some of these elevations near the river one can look down on the waters of the Kennebec, and let his eye run for miles up its winding course.

and watch its clear smooth water pass quietly by in their slow though sure course to the depths of Old Ocean. From the water on either side rises embankment above embankment occupied by dwellings and beautifully laid out gardens, with green fields, groves, and forests towering high above them in the background. The picture is, ^{lovely and} one of nature most beautiful. The climate in such a situation cannot be otherwise than delightful, though the locality be rather cold. The water though slightly impregnated with lime is generally regarded as healthy.

The first case here that
in July, 1864,
came to my notice, was a little

girl, aet. 13 years, more properly laboring under the effects of the disease than Scarlet Fever itself. She had been sick about two weeks and now her strength and whole system were in a state of perfect prostration, with a large swelling on the right side of her neck. It had been her misfortune to be treated during the first two weeks of her sickness by low protomix and tonics. When I first saw her, she was lying on her left side almost entirely helpless and prostrated, and her strength was fast declining from the effects of the disease, as well as of the drugs taken into the system.

Beside the abscess on the right side of the neck, the glands on either side were much enlarged; with lancinating pains in the throat; deathly paleness of the face; and frequent, almost constant chilliness. Thinking her case almost a hopeless one, and seeing the effects of low potencies already used in this case, a high potency, for the first time was resorted to as an experiment, which my Preceptor had received from Prof. Guernsey's office, through one of his students. Sulphuric Acid ²⁰⁰ was administered with the most happy result, and the little patient recovered.

Case No. 2 was that of Susan Boyle, ait. 9 years. I saw her Aug. 6th. the second day of her illness. She then had a high fever. The scarlet eruption was observed on her neck and breast, and her face was of extreme redness, which the mother said sometime alternated with a mottled appearance. Her lips were swollen and cracked, with burning blisters in her mouth and on her tongue. Her saliva was very slimy and little increased in quantity. In the throat there was a tickling and roughness with sneezing and a hacking cough. For this case Capsicum of the 200th.

Hotency effected a speedy cure.

No other case of this disease came under my notice until May 1863, when my attention was called to it at Rising Sun, "one of the rural districts of this city." This is a small village about three miles north of the principal part of the city. The atmosphere is very damp caused by the surrounding low lands and creeks making it a fit place for the development of Intermittent Fever.

The first patient I saw May 24th. was Ellen McCool, age 3 years, having light hair, blue eye and a very nervous temperament. She had some

fever and her whole body was
scarlet with a very fine erupt-
tion, which was characteristic of
her disease. She would not
allow me to come nearer her to
touch her or even to feel her
pulse. She was constantly
worrying and fretting unless
she could be carried about
the room in her mother's
arms. Her face was red and
hot. There was an enlargement
of the glands at the angle of the
lower jaw; colic with watery
diarrhoea, and stools sometimes
looked like chopped egg
and smelled like rotten egg.
Chamomilla 200 was given with
the desired effect.

The second case was that

of Sarah Gravell aet. 15 years.

Was called to her May 28th.

Her fever was considerable and the characteristic eruption was distinct. Her throat was very sore and ulcerated on the right side. One dose only of Lycopodium 2c. was taken and her recovery was complete.

Eight days after she was taken sick two younger sister were attacked with the same, but more severely. In both the fever was marked but the eruption was less distinct. The characteristic symptom was ulceration of the throat, in both cases commencing on the left side and proceeding to the right. Lachesis 4m. was ad-

ministered and their cure was speedy.

On June 8th, a little boy of the same family, George Gravell, aet. 16 mos. was taken sick with the same affection, but very different from either of the others. It will be seen also that the period of incubation in this case was two days longer than in the others just cited, inferred from the same case.

This little patient was first attacked with very sore throat, inflammation of the parts and inability to swallow liquids.

He was very restless and uneasy, and would cry to nurse, but would refuse, because of the pain occasioned by the attempt to

swallow. Some portions of the liquid he tried to swallow escaped through his nose. The throat and tongue were very red. He was nervous and sleepless and as soon as his eyes were closed in sleep he would awake with a sudden start, and cry as if frightened. His pulse was strong and quick. June 12th. the patient's condition was as follows; the eruption which was pale at first had now disappeared. The mouth and tongue was very sore and red; lips and corner of the mouth were cracked and bleeding. He refused to drink on account of the great soreness of his lips and mouth.

His nose was filled and from it was constantly flowing a watery acrid discharge, which made his nose and face sore by contact. The submaxillary glands were much enlarged. There was labored breathing from the quantity of mucus in the throat and from the discharge from the nose. His urine was abundant and pale. June 17th. the little system was more prostrated, the swelling of the submaxillary glands had broken, which now had a foul sloughy appearance. There was difficulty of breathing and rattling of mucus in the throat at every breath partly owing to the cervical swelling causing contraction of the fauces.

which also presented a gangrenous appearance. Accompanying all these fatal symptoms there was purging with stool of a green character, and an excoriated anus, indicating that the foul discharge from the mucous membrane of the throat and nose had affected the whole alimentary canal. June 19th. death ensued. The remedies used in this case at different times were Belladonna, Aconitum, Triphyllum and Arsenicum.

The next case I was called to see was on June 20th. Katie Sturin, a. b. 10 years. The symptoms at my first visit were as follows: Scarlet eruption all over the body; high fever, pulse

full, quick and irregular; face very red; eye inflamed and swollen so as to protrude in their sockets; eye partially closed and rolling about at times; pupils dilated; tongue very red; throat sore and inflamed. She was constantly delirious and at times she seemed very irritable and angry and wished to escape from her friends. She would choke when attempting to swallow water. There was strong pulsation of the temporal arteries, and she seemed to have sharp shooting pains in the head, and would often put her hand to her forehead and stanch and cry out when

asleep. Had it not been for the characteristic eruption, I should have been quite as likely to have diagnosed the case Acute Meningitis.

June 24th. the soreness and inflammation of the throat had become much less internally, but an abscess was now commencing to form externally on the left side of the neck which continued to grow rapidly giving the little patient most ^{pain} excruciating which was somewhat relieved by the remedy indicated, until June 30th. when the abscess was relieved of its enormous quantity of pus and the little patient of her suffering by the aid of the knife.

Now the patient was in quite as critical a condition, from the effects of the poison, as at any previous time. Her system was exhausted and emaciated. She had frequent discharge from the bowels, and nocturnal paroxysms of fever with burning heat and thirst. She was also very irritable and restless. By the aid of the remedies supposed to be indicated, which in this case was Belladonna, Sulphur and Arsenicum, administered at different times during the illness, her recovery was completed about four weeks from the time she was first attacked with the disease, and so com-

plete was her recovery that not a trace of the disease or of its effects could afterward be detected.

June 25th, 26th, and 27th, five, six and nine days respectively after the above mentioned case first made its appearance three younger sister were attacked with the same disease, and successfully treated with high potencies. Each case differed from the other, also from any previously mentioned, as shown both from their symptoms and the length of the period of incubation.

We frequently read from Allopathic works of Scarletina being followed by "disease of the

kidneys, dropsy, conjunctivitis, deafness, phthisis, chronic diarrhoea, glandular enlargement" and numerous other diseases much to be dreaded. It is to be remembered that these affections are to be looked for much more frequently after the administration of old school remedies and those remedies in old school doses. Of the eleven cases related in this article only one gave evidence of any of the above named diseases, who was very soon relieved by the administration of the remedy indicated.

Although our remedies already discovered are very

successful in the treatment of Scarletina, and in counteracting its unpleasant results, yet there is a wide field for study, labor, and improvement. It is a disease which, many times for the want of proper treatment, has swept off neighborhoods of children and youth, silenced many a noisy prattle, made vacant many a little chair, and brought weeping and sadness to many a family circle. It is for the true Physician to study, to incessantly watch, and to lend his utmost exertion to baffle this fearful malady, and vie even with the iron grasp of death.

A Physician's reputation many times depends upon his skill in the treatment of this disease. He is often called to witness and even take a part in painful scenes. How often does he see the anxious mother, with tearful eyes, looking up to him in殷切 trusting confidence, with the question, "Doctor can you not save my darling child?" How often is he called upon to caution her against putting him in the place of the Almighty and to remind her of a power to save higher than his own. Many times he can give her no more consolation than to ask her with him to hope for

the best, and to promise in the mean time to do all in his power to stimulate and sustain the vital energies.

After such an interview at the bedside of a dying child, the true Physician goes away conscious that he has been made a better man, and convinced of man's weakness and his utter helplessness.

At the same time as such feelings come upon him, he is stimulated to lend greater efforts to search out the wants of the human system, and to relieve suffering humanity. As the Physician thinks of the means which the Almighty has placed in his

hands, and the faculty to improve and use them, when he reflects on the development and discoveries made in science and on the vast improvement made in the treatment of this and of all diseases, it is not too much to hope that by the aid of science, and knowledge from time to time to be made known to the Physician, the science of medicine may go on and onward in progression until man may yet be able to live in this world and pass to a future with less pain and suffering.